

---

## **ATTACHMENT J.21**

# **PRIOR AUTHORIZATION SUBSYSTEM DETAILS**

---

### Prior Authorization Selection Window

All of the information on the selection window is system generated.

PA Number	Recipient	Provider / Type	Service Dates	Status	Appr	RSN
01	2017000009	70055555	10000200 33	011702 999999	RETURNED	001 810
02	2029000004	70055555	010000300 01	012900 123102	PENDING	001 000

### Prior Authorization Selection Window

1. **Selection Criteria** (03400), (01010), (02010), (03418)

The system will display the primary information used for selection on the key panel, i.e., the recipient ID provider ID, or approver ID.

### Field Descriptions

1. **Line** (04035)

This is a system-generated line number for each prior authorization record. There is no limit to the number of authorizations stored on history. This is controlled by the purge criteria, which is user defined. Fifteen lines of data appear at one time. Use the <Enter> button to scroll additional lines.

2. **PA Number** (03400)

This is the prior authorization number assigned to the request.

3. **Recipient** (01010)

The recipient ID number, which uniquely identifies an individual, certified as eligible to receive Medicaid benefits. If this number is the only ID ever assigned to this recipient, it will be the same as the original ID number

4. **Provider/Type** (02010), (02050)

This is the number of the provider and provider type requesting this authorization.

5. **Service Dates** (03414), (04457)

The service dates are the begin and end dates for the prior authorization. The expiration date field contains the date the prior authorization can no longer be used regardless of the effective dates of the prior authorization line items.

6. **Status** (03411)

This field contains the code that describes the status of the prior authorization request.

7. **Approver** (03418)

This field contains the approver ID used to approve the prior authorization.

8. **RSN** (03410)

This is the code that specifies the reason the prior authorization was approved or denied.

Click and highlight the PA to view, then press <Enter> or double-click on the PA. The system will then display the record on the Prior Authorization Entry Window. (The fields on the Prior Authorization Entry Window are explained in the next section of this manual).

To back out of the inquiry action, Click Quit to return to the Prior Authorization Key Panel.

#### **ADDING OR CHANGING PRIOR AUTHORIZATION RECORDS**

Prior authorization requests will be batched, and then entered using the Prior Authorization File Window. The following instructions explain how to add a record. The same basic steps apply to changing an existing record, except that only the data to be changed are keyed.

1. From the MMIS Main Menu click the Prior Authorization Key Panel icon (For help getting to the Main Menus, see General Procedures). The Prior Authorization Key Panel will be displayed.

2. On the Prior Authorization Key Panel, enter “A” or “C” after “Select The Action Code,” or click on the down arrow in the Action Code text box, and click on Add or Change.

**1. Prior Authorization (03400)**

Enter the prior authorization number in the space beside “Prior Authorization”. The District MMIS will edit for duplicates on the full number entry. If the ten-digit number is duplicated, an error message is displayed, and the operator must enter another number. If an action of add is selected online and no prior authorization number is entered, the system will automatically assign the next available number.

**Changing A Record**

1. If the number of the prior authorization is known, enter the number in the space beside “Prior Authorization”. Click the <Enter> button and the MMIS will proceed directly to the Prior Authorization Entry Window.
2. If the prior authorization number is not known, enter the provider, the recipient, and/or the approver identification number in the appropriate field. Begin and end service dates may be entered to delimit the search. Click the <Enter> button and the MMIS will display the Prior Authorization Selection Window. The user may select any prior authorization listed on the Window by clicking anywhere on the line containing the desired record and then clicking on the <Enter> button, or double-clicking anywhere on the line containing the desired record. The Prior Authorization Entry Window will display for the selected provider.
3. After all data to be entered on a Window have been keyed, click on the <Enter> button. The Window will reappear with any errors highlighted and an explanation at the bottom of the Window. If there are any highlighted errors, they must be corrected before any other Window can be displayed.
4. After the user has completed keying data for an Add or Change and corrected any highlighted errors, click on the <Enter> button, and the file will be updated. Note that records are added or changed only after clicking on the <Enter> button, all edits have been made with no errors found, and the <Enter> button has been clicked on a second time. When the record is added or changed, the Prior Authorization Subsystem Key Panel will be displayed with a message at the bottom indicating that the update was successful.
5. Before clicking on the <Enter> button the second time, the user may cancel the Add or Change transaction by clicking on the Quit icon. All of the data keyed will be erased, and the user will be returned to the Prior Authorization Subsystem Key Panel. If performing an add transaction, no record is added when clicking on the Quit icon. If performing a change transaction, the record is left as it was.



## Field Definitions

### 1. **Status** (03411)

This field reflects the status of the authorization request as a whole. The system sets the status to pending when the user first adds a record. The user can set the status to “Approved”, “Denied”, or “Returned” by keying the appropriate value. The user sets the status to “Approved” as long as one line is approved. Only if all lines are denied, should the header status be “Denied”.

Once all of the units authorized have been used, the system will set the status to “Used”.

### 2. **History Profile**

Placing a “Y” in this field creates a transaction, which generates a prior authorization history profile for this recipient. The profile is produced from a batch process that runs nightly. There is no DED number for this field.

### 3. **Recipient Letter** (03415)

Placing a “Y” in this field creates a transaction that generates a letter to the recipient.

### 4. **Provider Letter** (03416)

Placing a “Y” in this field creates a transaction that generates a letter to the provider.

### 5. **PWK** (04633), (04634)

Display only of any incoming codes on the electronic 278 transaction.

### 6. **Recipient ID** (01010)

When adding a record, enter the recipient ID number.

### 7. **Name** (01030)

Using the Recipient ID as the key, the system will supply the recipient’s name from the Recipient Eligibility File. This field is informational and cannot be updated here.

### 8. **Age** (07400)

The recipient’s age is retrieved from the Recipient Eligibility File and displays after the clicking on the <Enter> button. This field is informational and cannot be updated here.

### 9. **Sex** (01070)

The MMIS displays the recipient's sex in this field. This field is informational and cannot be updated here.

**10. Last update (02240)**

This date is updated automatically by the system whenever a prior authorization record is added or changed.

**11. Original ID (01005)**

All prior authorization records are stored using the original recipient ID. This number is retrieved from the Recipient file and may be different than the recipient ID used to add the record.

**12. Provider (02010)**

This is the number of the provider requesting this authorization.

**13. Approver ID (03418)**

This field contains the approver identification of the user approving or denying the prior authorization.

**14. Reason Code (03410)**

The two-digit reason code entered here is used to generate the associated 65 character text which appears on the approval or denial letters. A reason code is optional unless the status is "denied"; if one is specified, the system will verify that the reason code is on the Prior Authorization Reason Text File in the Reference Subsystem.

**15. User (04006)**

This field contains the user number of the operator who added the prior authorization or who last updated the record. This field is maintained by the system and cannot be updated here

**16. Effect Date (03414)**

This field represents the begin date of the prior authorization header status.

**17. Expire Date (04457)**

This field contains the date after which the prior authorization can no longer be used, regardless of the effective dates of the prior authorization line items. When the prior authorization status code is set to "approved", this date is defaulted systematically provided no date has previously been entered in this field. The default is an open-ended

date of all nines. The expiration date can be changed to any date greater than the status date. Claims for these prior authorized services must have service dates that fall within these time-frames.

**18. Claim Updated (03413)**

This is the date the Claims Processing Subsystem updated the Prior Authorization record for units or dollars used. This field is updated automatically and cannot be changed online.

**19. Letter Sent (03422)**

The date a letter was sent to the provider.

**20. Refer Prov (03040)**

Referring Provider. Either input from 278 transaction or user entered for manual Prior Authorizations.

The next grouping of fields is referred to as the Line Item Detail.

**21. Line (04213)**

The line item number is system-generated and cannot be changed. Up to 25 lines of detail may be added per prior authorization number. Use the More Lines button to scroll the lines forward (not backward). Only three lines of detail appear at one time.

Because these are multiple occurrence fields, an entire line of data may be deleted by keying six periods in the FROM field and clicking the <Enter> button.

**22. ST (03411)**

Enter the code to change the status of the authorization for the line item. The authorization is in a "pending" status upon initial entry. To change the status, the review process must be completed.

**23. From (04029)**

This field indicates the first date of service for a particular line item.

**24. To (04034)**

This field indicates the last date of service for a particular line item

**25. TOP/Proc Range (04945), (04946)**

Enter the type of procedure and the procedure code ranges. Leave the “High” range blank if this field should contain the same value entered in “Low” range.

**26. Mod (04066)**

If applicable, enter the procedure code modifier specified on the prior authorization request form.

**27. Diagnosis Range (04941), (04942)**

Enter the range of diagnosis codes that are associated with the prior authorization. Leave the “High” range blank if this field should contain the same value entered in “Low” range.

**28. Tooth Num (04053)**

If the information is required for the service requested, enter the tooth number for dental prior authorizations.

**29. Surf (04054)**

If the information is required for the service requested, enter the tooth surface for dental prior authorizations.

**30. Reason (03410)**

The two-digit reason code entered here is used to generate the associated 65 character text which appears on the approval or denial letters. A reason code is optional unless the status is “denied”; if one is specified, the system will verify that the reason code is on the Prior Authorization Reason Text File in the Reference Subsystem.

**31. Line (04213)**

The line item number is system-generated and cannot be changed. Up to 25 lines of detail may be added per authorization number. Use the More Lines button to scroll the lines forward (not backward). Only three lines of detail appear at one time.

**32. REQ Units (04427)**

Enter the units of service originally requested.

**33. REQ Dollars (04426)**

Enter the dollar amount originally requested.

**34. APPR Units (04429)**

This field contains the units of service authorized by MAA.

**35. APPR Dollars (04428)**

This field contains the dollar amount authorized by MAA. A service cannot be priced more than the fee schedule amount.

**36. USED Units (04431)**

This field is updated during claims processing and contains the units of service for which payment has been made. This field cannot be updated online.

**37. USED Dollars (04430)**

This field is updated during claims processing and contains total payments made for this prior authorization. This field cannot be updated online.

**38. Comments (04421)**

Four lines of free-form text may be entered in this area. The comments in this section will appear on the provider letter when the provider letter indicator is set to “Y” for yes.

Click on the Notes tab to access the Prior Authorization Notes Window.

This window allows the user to enter, update, delete, or inquire against notes related to the selected prior authorization number. The notes on this window will not appear on the provider letter.

Click on the Enter button after making entries for the prior authorization.

If an error occurs, an appropriate message will be displayed at the bottom of this window with the erroneous fields highlighted.

Any time a record is added or changed, editing occurs. If an exception posts, it will appear at the bottom of the window. The individual exceptions may be forced, depending upon the controls set for the exception.

The following set of fields appears on the window five times; however, up to 25 exceptions may post. If there are more than five exceptions for the prior authorization an arrow pointed to the right will appear at the right side of the exceptions. Click on this arrow to scroll the exceptions.

39. **LI** (04083)

The District MMIS displays the number of the line item to which the exception code applies. If the exception is at the header level, this field displays “00”.

40. **Err** (03720)

The exception code applicable to the line noted in the previous field.

41. **ST** (04028)

A one-character field to indicate the status of the exception posted.

If the system detects an error in a value entered manually into the field (as when trying to force an exception which cannot be forced), it changes the status to “E” for Error. Reset the exception to its original value by keying a “C” in the status field. This clears the field and allows the disposition to redisplay in this field.

If keying anything in the status field except the values which can be manually entered, the field will highlight as an error. Even the valid system-generated values will cause this error if they are keyed manually. If the status field highlights, the error must be cleared by changing the value to “C”, and clicking on the <Enter> button.

42. **ID** (04006)

The MMIS displays the user identification number of the claims examiner who forced the exception.

At the bottom of the window, the MMIS normally displays the short description for the first exception posted to the claim. If the user clicks and highlights the ST field, then click on the down arrow button on the left side of the exceptions, the user may display short descriptions of the other posted exceptions. If there are more than five exceptions for the prior authorization an arrow pointed to the right will appear at the right side of the exceptions. Click on this arrow to scroll the exceptions.

### Prior Authorization Entry Window (Notes)

The first five lines of data are called “Header” data. Only the Notes field is keyable. Most of the information is system generated. The fields are explained in the order they appear on the window, flowing from left to right.

**Prior Authorization Subsystem - Prior Authorization: 2309600004**

Status A APPROVED History Profile N Recipient Letter N Provider Letter N PWK INQUIRY

Recipient ID 70367576 Name JONES REGINA Age 4 Sex F Last Update 000000

Original ID 70367576 Provider 0264298 00 Approver ID 100 Reason Code User 000

Effect Date 040102 Exp Date 040403 Clm Update 000000 Letter Sent 110502 Refer Prov

Details **Notes**

Diagnosis Codes

Enter QUIT

### Prior Authorization Entry Window (Notes Tab)

#### 1. Prior Authorization (03400)

This is the number entered on the key panel or selection window and cannot be updated here.

## Field Definitions

### 2. **Status** (03411)

This field reflects the status of the authorization request as a whole. The system sets the status to pending when the user first adds a record. The user can set the status to “Approved”, “Denied”, or “Returned” by keying the appropriate value. The user sets the status to “Approved” as long as one line is approved. Only if all lines are denied, should the header status be “Denied”.

Once all of the units authorized have been used, the system will set the status to “Used”.

### 3. **History Profile**

Placing a “Y” in this field creates a transaction, which generates a prior authorization history profile for this recipient. The profile is produced from a batch process that runs nightly. There is no DED number for this field.

### 4. **Recipient Letter** (03415)

Placing a “Y” in this field creates a transaction that generates a letter to the recipient.

### 5. **PWK** (04633), (04634)

Display only of any incoming codes on the electronic 278 transaction.

### 6. **Provider Letter** (03416)

Placing a “Y” in this field creates a transaction that generates a letter to the provider.

### 7. **Recipient ID** (01010)

When adding a record, enter the recipient ID number.

### 8. **Name** (01030)

Using the Recipient ID as the key, the system will supply the recipient’s name from the Recipient Eligibility File. This field is informational and cannot be updated here.

### 9. **Age** (07400)

The recipient’s age is retrieved from the Recipient Eligibility File and displays after the clicking on the <Enter> button. This field is informational and cannot be updated here.

**10. Sex (01070)**

The MMIS displays the recipient's sex in this field. This field is informational and cannot be updated here.

**11. Last update (02240)**

This date is updated automatically by the system whenever a prior authorization record is added or changed.

**12. Original ID (01005)**

All prior authorization records are stored using the original recipient ID. This number is retrieved from the Recipient file and may be different than the recipient ID used to add the record.

**13. Provider (02010)**

This is the number of the provider requesting this authorization.

**14. Approver ID (03418)**

This field contains the approver identification of the user approving or denying the prior authorization.

**15. Reason Code (03410)**

The two-digit reason code entered here is used to generate the associated 65 character text which appears on the approval or denial letters. A reason code is optional unless the status is "denied"; if one is specified, the system will verify that the reason code is on the Prior Authorization Reason Text File in the Reference Subsystem.

**16. User (04006)**

This field contains the user number of the operator who added the prior authorization or who last updated the record. This field is maintained by the system and cannot be updated here

**17. Effect Date (03414)**

This field represents the begin date of the prior authorization header status.

**18. Expire Date (04457)**

---

## Quality Improvement Organization

---

This field contains the date after which the prior authorization can no longer be used, regardless of the effective dates of the prior authorization line items. When the prior authorization status code is set to “approved”, this date is defaulted systematically provided no date has previously been entered in this field. The default is an open-ended date of all nines. The expiration date can be changed to any date greater than the status date. Claims for these prior authorized services must have service dates that fall within these time-frames.

### 19. **Claim Updated** (03413)

This is the date the Claims Processing Subsystem updated the Prior Authorization record for units or dollars used. This field is updated automatically and cannot be changed online.

### 20. **Letter Sent** (03422)

The date a letter was sent to the provider.

### 21. **Refer Prov** (03040)

Referring Provider. Either input from 278 transaction or user entered for manual Prior Authorizations.

The next grouping of fields is referred to as the Notes Detail.

### 22. **Diagnosis Codes** (05022)

Up to 12 occurrences of the Diagnosis Codes input from the 278 Transaction.

### 23. **Notes** (03409)

Prior Authorization notes. Up to 16 lines of notes may be added per prior authorization number.